AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [k] IXC [k] CLEC [] ILEC [] Wireless

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	Jeffrey A. Harnack		print of type company contact for the fo	llowing a
•	General Manager (I	nclude Address if differer	nt than above)	
	<u>704-909-6410</u>	/ 704-504-5868	/ regulatory@entologent com	
•	704-909-6410 Telephone Number	nclude Address if differer / 704-504-5868 / Facsimile Number	/ regulatory@entologent com	
	704-909-6410 Telephone Number Lisa Brown	/ 704-504-5868 / Facsimile Number	/ regulatory@entelegent.com / E-mail Address	
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In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices: Jeffrey A. Harnack Regulatory Officer (Include Address if different than above) G. /704-504-5868 Telephone Number / regulatory@entelegent.com / Facsimile Number / E-mail Address same as Regulatory Officer Н. **Dual Party Mailings** (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address same as Regulatory Officer ١. Interim LEC Fund Mailings (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address same as Regulatory Officer J. Universal Service Fund Mailings (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address same as Regulatory Officer K. Gross Receipts Mailings (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address same as Regulatory Officer L. Lifeline Mailings (Name) (Mailing Address) Telephone Number / Facsimile Number / E-mail Address Jeffrev A. Harnack This form was completed by Regulatory and Compliance Title -18-2<u>012</u> RETURN COMPLETED FORM TO: Public Service Commission of SC **Docketing Department** Post Office Drawer 11649 Columbia, South Carolina 29211 And Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201 (Rev. PSC/ORS 08)